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Open your eyes: recognizing the signs and symptoms of human trafficking

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Running head: OPEN YOUR EYES: RECOGNIZING THE SIGNS AND SYMPTOMS

OPEN YOUR EYES: RECOGNIZING THE SIGNS AND SYMPTOMS
OF HUMAN TRAFFICKING

Elizabeth M. Stanek, BSN, RN

Submitted in partial fulfillment of
the requirements for the degree of
Doctor of Nursing Practice

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

April, 2017

**Augsburg College
Department of Nursing
Doctor of Nursing Practice Program
Final Scholarly Project Approval Form**

The Scholarly Project Committee and Graduate Nursing Faculty at Augsburg College Doctor of Nursing Practice-Family Nurse Practitioner Program, approve the following Scholarly Project entitled "Open Your Eyes: Recognizing the Signs and Symptoms of Woman Trafficking" for Beth Stanek, a DNP-FNP candidate in the Graduate Program at Augsburg College. This project has met the requirements necessary to complete the Scholarly Project: Written Defense and Oral Presentation.

Final Scholarly Project Approved Date: 12 April 2017

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Abstract

Human trafficking is both a human rights violation and a major public health concern. Trafficking in persons, prevalent both domestically and internationally, is a form of modern-day slavery. Although there are different types of human trafficking, the most prevalent is the recruitment of girls and boys to be used in sex trafficking. This form of human trafficking uses force, violence, fraud, and coercion to control the victims and keep them from contacting law enforcement or seeking help. Knowledge and awareness of signs and symptoms of human trafficking are crucial for doctor of nursing practice-family nurse practitioners (DNP-FNP), as they are likely to interact with victims while they are still in captivity. Through a literature review, this scholarly project defines human trafficking, increases awareness of human trafficking, examines signs and symptoms of human trafficking, describes common health problems, and finally discusses how the DNP-FNP can assist the victim in the clinical setting.

Keywords: Human Trafficking, Physical and Psychological signs of human trafficking

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Open Your Eyes: Recognizing the Signs and Symptoms of Human Trafficking

Chapter One: Introduction

The changing face of health care has brought about many changes for not only the general public but also for the profession of nursing, in particular, doctor of nursing practice (DNP) family nurse practitioners (FNP). Due to increasing costs and limited access to health care, DNPs-FNPs have assumed a valuable role in primary care. One role is that DNPs-FNPs will undoubtedly see and treat victims of human trafficking. Professionals, such as DNPs-FNPs, are one of the few professionals who will engage with the victim in a medical setting. Therefore, it is imperative that DNPs-FNPs understand what a trafficking victim will look like, not only physically, but also emotionally and mentally. A DNP-FNP must have access to tools that can assist patients after they are identified as the victim of human trafficking.

Problem Statement

The United Nations Office on Drug and Crimes (2014) defined human trafficking as the “recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper and illegal purpose including forced labor or sexual exploitation” (para). The underground nature of this crime makes it difficult to quantify. The Federal Bureau of Investigation (FBI) (2015) estimated that approximately 800,000 people are trafficked across the United States and its borders. Of those, 80% are women or girls and 50% of these females are minors. Barrows and Finger (2008) found that between 50-75% of victims required attention while still being held in captivity. These statistics indicate the importance of recognizing the signs and symptoms of human trafficking. The problem facing DNPs-FNPs is

monumental as human trafficking is a global public health issue. Therefore, the problem statement for this scholarly project is DNP-FNPs need training and knowledge to identify victims of human trafficking as well as resources and time to assist these individuals.

Purpose of the Scholarly Project

The purpose of this scholarly project is to educate DNP-FNPs about the crime of human trafficking. Specific tools are available to help identify and assist victims while they are either still in captivity, after they have escaped, or after they have been rescued. Sex for hire is not a victimless crime; rather, it is a crime that harbors innumerable physical and emotional complications that will be a life-long struggle for the victim (Dovydaitis, 2010).

Clinical Questions

Two clinical problems need to be addressed. First, a DNP-FNP must acquire the skills to address the physical, emotional, and psychiatric needs of victims suffering the consequences of human trafficking. Second, a DNP-FNP needs to be knowledgeable about available resources when it has been verified that a patient is involved in forced prostitution. Victims of human trafficking will rarely, if ever, identify themselves as being a part of the sex trade. A thorough understanding of the effects on victims is essential for proper identification. DNP-FNPs must have access to the appropriate resources so they can assist a victim. Time is of the essence as the trafficker is almost always with the victim, and if the trafficker, often referred to as the pimp, suspects that the DNP-FNP is suspicious of the victim's injuries or is asking too many questions, he or she may take the victim and leave.

Objectives

There are three objectives: (a) to increase awareness and understanding of the critical problem of human trafficking in the United States, (b) to provide a DNP-FNP with knowledge to identify victims of human trafficking, and (c) to empower the DNP-FNP and victim with knowledge and resources to enable the victim to begin the healing process.

Patient Population and Health Care Setting for Implementation of Project

Particular attention should be paid to females between the ages of 12-24, and males between the ages of 9-19. These certain age groups appear to be the most common for trafficking (Dovydaitis, 2010). The health care setting could be anywhere, such as primary care or women's health clinics, school nurses, nursing schools, and so on. A DNP-FNP has a wonderful opportunity to increase awareness of human trafficking in the community. A DNP-FNP can become an expert in identifying victims of human trafficking and therefore can then educate the community.

In summary, human trafficking is a nationwide problem that requires immediate attention by healthcare, state government, and local communities. It is the hope of this scholarly project that through education and increased awareness human trafficking can be identified and victims can receive prompt and patient centered care. Chapter 2 will take an in-depth look at the literature surrounding the crime of human trafficking.

Chapter Two: Literature Review

Human trafficking is a global public health dilemma affecting over 1 million people (80% female) annually. Traffickers use several different ways, such as violence, threats, forced abduction, fraud, and coercion, to trap young women and underage girls into a life of forced prostitution (Dovydaitis, 2010). Dovydaitis (2010) wrote a compelling narrative outlining the brutality and inhumanity that occurs to victims of human trafficking. Victims of human trafficking suffer from multiple acute and chronic health issues that include depression, post-traumatic stress disorder, sexually transmitted diseases, unsafe abortions, contusions, broken bones, and cigarette burns. Many of the victimized girls present to health care providers while still being held captive. Unfortunately, due to lack of knowledge and understanding of human trafficking, DNPs-FNPs do not pick up on these issues as signs and symptoms of human trafficking. The role of the DNP-FNP is outlined through a clinical case study and clinical practice tools are provided.

In determining if a patient is a victim of sex trafficking, nurses can ask many questions. Richards (2014) provided several questions for a DNP-FNP to ask patients if trafficking is suspected. The questions may seem standard at first. For example, the DNP-FNP may ask, "What type of work do you do? Where are you living? What are your living conditions?" The patient most likely will be willing to answer these questions. However, as the questions become more specific, such as, "Are you required to ask for permission for food, water, or medical care? Are you in possession of your identification, including your passport or your driver's license?" the patient may become afraid or even aggressive as he or she may not know how to answer these questions

without implicating illegal activity. By developing trust with the patient, a DNP-FNP has a greater possibility of obtaining honest answers. Dovydaitis (2010) and Richards (2014) stressed the important role the DNP-FNP plays in identifying signs and symptoms of human trafficking, along with providing the victim with the needed resources to start a journey to wellness and peace.

A meaningful and relevant article that includes many different ideas and perspectives in regard to human trafficking, English (2015) reviewed the mental and physical health consequences the victim will face. English also discussed how vital the role of the DNP-FNP is for recognizing the signs and symptoms of human trafficking. English also provided a clear and concise explanation of the lack of coordinated and comprehensive effort present in prevention of human trafficking. Evidence indicates there is a direct correlation between sexual abuse and human trafficking. Human trafficking laws and policies fall under the broad umbrella of human rights. The many variations and interruptions of human rights and more specifically human trafficking, limit not only law enforcement's, but also DNPs'-FNPs' ability to identify, care for, and refer victims of human trafficking. It is difficult for a DNP-FNP to locate services that can adequately deal with the problems, both physical and emotional, that a victim is experiencing. English concluded with a call to action for health care providers, nongovernmental organizations, government agencies, politicians, and all who have contact with victims of human trafficking, to take a stand and advocate for clear and concise policies related to human trafficking. As it stands now, there are no documented evidence-based best practices for identifying and responding when trafficking is suspected (English, 2015). It is estimated that between 30-60% of victims of human

trafficking have been sexually abused by a family or non-family member (United Nations, 2014). DNPs-FNPs are mandatory reporters of abuse; however, with funding cuts to human and child services, it has become increasingly difficult to provide the emotional and psychological care that victims of sexual abuse require. Hence, abuse, sexual or physical, is what a trafficker is looking for in a potential victim. Providing adequate services for victims of ill-treatment will allow them to heal and not be lured into a life of violence and brutality. English summarized the multitude of policies and laws related to human trafficking.

A first of its kind research paper identified the importance of an educational program that provided basic information related to the signs and symptoms of human trafficking. Grace et al. study began with choosing the 20 largest emergency departments (EDs) in the San Francisco Bay area. The EDs were randomized into two groups: intervention and delayed intervention. The intervention group took a pretest related to their knowledge of human trafficking. This group then received a 45-60-minute training session covering the background of human trafficking, how this education is relevant to the patient care, clinical signs of victims, and referral options for victims (Grace et al., 2014).

The intervention group involved 141 practitioners. The delayed intervention or comparison group required the participants to take the same pre-test that the intervention group received. However, they did not receive the education component that the intervention group received. Three months later, the delayed intervention group was given the same test again to determine if they have gained knowledge and understanding of human trafficking in the interim. The delayed intervention group involved 20

practitioners. The intervention group showed a significant change, in many cases doubling the recognition of possible victims. This group also displayed knowledge and understanding after attending the educational session regarding human trafficking. Conversely, the delayed intervention group showed little change in their knowledge and understanding of human trafficking. In addition to recognizing that education is key to identifying and assisting victims, this study found that education only requires one 45-60-minute session to be effective (Grace et al., 2014). Grand rounds and departmental meetings appear to be an appropriate venue for education. The results of this study revealed the importance of education in identifying victims of human trafficking. The American Medical Association is reviewing the results of this study for consideration to adopt an educational program that will be implemented for medical students and other health care providers.

McNiel, Held, and Busch-Armendariz (2014) chronicled the inception, formation, and opening of the multidisciplinary clinic Hope Through Health Clinic with CommUnity Care, to respond to the growing needs of victims of human trafficking. Evidence indicated that there was a lack of a medical home for victims. Therefore, several professional organizations, universities, medical centers, and clinics joined together to form the Hope Through Health Clinic with CommUnity Care. Central Texas is a large hub for human trafficking (U.S. Department of State, 2014). Reasons contributing to this fact are because Central Texas consists of the 5 largest counties in the state, producing an estimated 60 million dollars of revenue from transporting victims of human trafficking across the United States (U.S. Department of State, 2014)

The state of Texas recognizes that human trafficking is a major human rights violation. The Refugee Services of Texas, along with medical personnel and social service professionals, recognize the many services and interventions that victims require. It was noted by the practitioners and organizations that come in contact with victims, that medical and physiological care was fragmented and inconsistent at best. Often the victim would not be seen by the same medical professional or social worker, thus causing the victim to re-tell his or her story or undergo a pelvic exam in a rushed manner by someone the victim had never seen before (McNiel et al., 2014).

The Hope Through Health clinic opened in 2013 and is successful because all services and interventions are located in one place. Everyone involved in the clinic has had extensive training regarding human trafficking. The clinic is built on several principals and ideals. All the providers and ancillary staff are bilingual, the ancillary staff is informed of the victim's history only when needed for care (privacy is held in high regard), and the site of the clinic is located in an area where it is most convenient for the majority of patients. The clinical site has several private exam rooms along with a community area for meals and socialization. Safety of the patients is taken very seriously with a guard stationed at each entrance and exit. One provider noted that the victims of human trafficking had few, if any, life skills. Based on this observation, several programs are offered, such as cooking classes, parenting skills, and how to apply and interview for a job (McNiel et al., 2014).

Community outreach is also a vital role in the clinic. Volunteers from the clinic regularly go out in the community offering information about the crime of human trafficking. Professionals from the community are asked to talk to the patients about

topics ranging from self-care to relaxation techniques. Case managers are involved with patients and their recovery to help the victims find jobs, locate housing, and meet basic needs, such as food and clothing. A core group of dedicated persons has been with the clinic since its inception, thus allowing the patients to develop trusting and therapeutic relationships (McNiel et al., 2014).

McNiel et al., (2014) offered steps and ideas for organizing a medical home for victims of human trafficking such as research on the prevalence of human trafficking in the community along with services available to victims. If trafficking is deemed a problem in the community, existing gaps in care and resources for care are identified and addressed.

Hodge (2014) explored and examined the role of the social worker in conjunction with law enforcement and medical professionals who work in primary care settings when evaluating and assisting victims of human trafficking, in particular a DNP-FNP. Social workers and a DNP-FNP will work closely when identifying victims of human trafficking, and work as a united front during the time of victims exiting from human trafficking and restoring their wellness. Hodge provided a concise and descriptive definition of human trafficking along with examples of signs and symptoms, both mental and physical, of a victim of human trafficking.

Additionally, the barriers and complications that exist when assistance and guidance are offered to the victim to leave the life of forced prostitution are addressed. If a victim decides to leave his or her trafficker, there is a significant risk not only to the victim but also to the victim's children and other family members. Traffickers use threats and violence to keep the victim in captivity. Victims often view the trafficker as their

boyfriend or protector. Because of this, the victims believe that the trafficker has their best interest at heart. Victims are programmed to distrust anyone in authority. This prioritizes the importance of developing a trusting relationship with the victim. Social workers and DNPs-FNPs are in a unique position to bond and develop trusting relationships with victims. By offering the victim the promise of confidentiality, interviewing and examining them in a private setting, and offering culture appropriate care, trust and hope can be instilled in the patient (Hodge, 2014).

Hodge (2014) explained that during restoration and wellness, the social worker and DNP-FNP work in collaboration to address the victim's immediate needs, such as safety, shelter, and medical care. Law enforcement is also involved in the preliminary phase of restoration to provide the victim and family a safe environment. The judicial system is beginning to view the victim of human trafficking as a victim and not a criminal. A goal of the social worker and DNP-FNP is that with law enforcement involvement, the trafficker will be arrested (Hodge, 2014).

The journey of restoration involves a victim-centered approach to wellness. Victims of human trafficking are placed in charge of their recovery as their fundamental human right of autonomy has been taken away from them. Victims are empowered to put themselves first and prioritize what they think is most crucial in their recovery journey. Emphasis is also placed on the importance of cultural appropriate therapy and providing interpreters trained in trauma management to assist victims during medical and counseling sessions (Hodge, 2014).

The trend of sex trafficking of adolescents and young adults is increasing (Chaffee & English, 2015); (Richard & English, 2015). Many of the myths are dispelled

surrounding human trafficking as it was once thought that trafficking of adolescents and young adults (some children as young as 8 years of age) was a crime that only occurred in other countries (Chaffee & English, 2015). However, the U.S. Department of Justice (2014) estimated the crime of human trafficking, in particular, the trafficking of adolescents and young adults, is a 6-8-billion-dollar industry in the United States. It has been assumed that victims of human trafficking have been brought in from outside the United States. However, as the topic of human trafficking has been researched and knowledge of the crime is being understood and shared, many of the victims of human trafficking are born in the United States.

Victims of human trafficking come from all socioeconomic groups and include males, females, transgender, gay and lesbians (U.S. Department of State, 2014). Contributing factors that precipitate adolescents and young adults to become victims of human trafficking include sexual abuse, substance abuse, poverty, growing up in an environment where family is involved in human trafficking, mental health issues, and lack of support at home. Other issues may include runaway or throwaway adolescents. Many times, runaways are forced to leave their home due to sexual identity. Gang involvement is also considered high risk for being coerced into prostitution. The importance of collaboration between healthcare, social service, mental health providers and law enforcement to help identify and assist victims of human trafficking is stressed (Chaffee & English, 2015).

Greenbaum and Crawford-Jakubiak (2015) discussed issues facing victims of human trafficking. The authors provided detail analyzing and defining human trafficking, victim identification and evaluation, health consequences (physical and

emotional), and risk factors related to being brought into human trafficking. The discussion offered extensive and critical information in regard to referrals, resources, and multidisciplinary interventions (Greenbaum & Crawford-Jakubiak, 2015).

Understanding and complying with child abuse and endangerment laws are important. However, if the perpetrator is not a family member, the laws do not apply. There are many resources available to both victims and providers when trafficking is suspected or identified, such as the National Human Trafficking Resource Center Hotline, Polaris Project, Shared Hope International, and National Center for Missing and Exploited Children. All of these organizations have extensive, informative, and easy to navigate websites. By law, it is the DNP's-FNP's professional, ethical, and legal responsibility to report suspected child abuse. For many DNPs-FNPs, it becomes a difficult and ethical decision as it is not always in the best interest of the child to turn them over to law enforcement. Once children enter the juvenile justice system, it is doubtful they will receive the help and assistance they need. That is why it is imperative that the DNP-FNP contact one of these organizations to prevent the victim from further exposure to trauma and possible reentry into prostitution. Greenbaum and Crawford-Jakubiak (2015) advocated for collaborative care from many different modalities including primary care, mental health providers, social services, law enforcement, and the judicial system.

Ernewein and Nieves (2015) detailed the unique and critical roles that DNP-FNP's play in the screening, treatment, and referral of victims of human trafficking. The authors gave concrete examples of the health consequences of human trafficking, in addition to how the victim may present to the clinic. New insights into other factors that

the DNP-FNP should view as red flags include discrepancies in behavior and reported age, tattoos or other types of branding, use of slang relating to involvement in prostitution, and evidence of an excessive number of pregnancies (Ernewein & Nieves, 2015). The victim may exhibit impaired judgment, emotional exhaustion, spiritual questions, and feelings of being mentally broken (Polaris Project, 2014).

Ernewein and Nieves (2014) concluded that DNPs-FNPs provide an indispensable role caring for victims of human trafficking because they see the person as a whole and not an illness. Embedded in the profession of nursing is the concept of holistic care. Nurses, in particular DNPs-FNPs, receive additional training and education to view each person as a heart, body, and soul. It is believed that victims of human trafficking will thrive under the care of a DNP-FNP as that professional will be sensitive to the victim's vulnerabilities and critical needs. DNPs-FNPs not only heal the physical ailments of the victims, they work on healing the broken spirit. Under the care of a DNP-FNP, a victim of human trafficking has the opportunity to move from "victim" to "survivor" to "thriving survivor" (Lloyd, 2011). Ernewein and Nieves concluded by articulating that DNPs-FNPs are in a position to not only educate other healthcare professionals about the crime of human trafficking, they are also in a position of leadership that they can use to educate the communities that they serve.

It is well documented that victims of human trafficking will endure a lifetime of chronic illness, such as anxiety and depression (Chaffee & English, 2015; Dovydaitis, 2010; Grace et al., 2014). Often times it is extremely difficult for victims to move on with their life and achieve remission from major depression and anxiety. Due to dissatisfaction with traditional methods of treating depression and anxiety, or the victim

simply not having access to healthcare, the victim may search for alternative or integrative ways to treat the symptoms of depression and anxiety (Kinser, Elswick, & Kornstein, 2014). Yoga is an integrative therapy that has received attention as a means to deal with the effects of chronic depression and anxiety. Kinser et al. (2014) outlined the positive effects that yoga can have for those who suffer from depression and anxiety. Yoga involves the balance of mind, body, and spirit through a combination of breathing exercises, meditative practices, and gentle yoga poses (Kinser, Goehler, & Taylor, 2012). Yoga's premise is to provide balance and peace to one's life, therefore, it is safe to assume that those who practice yoga will experience this in their own lives. Kinser et al. (2012) summarized that those who participate in yoga learn helpful skills such as breathing, centering, relaxation, gentle stretching, healthy visualizations, meditation, and physical movements. They are able to deal with the effects of depression and anxiety in a constructive manner, not a "destructive" manner. Yoga allows participants to try something new, therefore, giving them the courage to keep trying new things. The yoga experience often times will allow participants to separate themselves from depression and anxiety (Kinser et al., 2012). Yoga may also give the participant courage to continue to try new and different activities, in addition to eating healthier, and getting out of the house and meeting new people (Kinser et al., 2012). The participants of yoga, may begin to feel comfortable with who they are, and may begin to accept their flaws and shortcomings. Victims of human trafficking would benefit from yoga as they suffer from not only depression and anxiety, but also experience self-doubt and isolation, along with lack of support and recourses. Yoga would not only be a way for the victim to learn new

techniques to deal with depression and anxiety, it would also offer them a means to connect with others that have experienced the same things they have (Kinser et al., 2014).

This review of the literature has confirmed that there are many gaps in knowledge and understanding in the health care community as it pertains to human trafficking. However, many key points were described related to the identification of victims of human trafficking. Furthermore, the research and documentation have clearly stated that victims will suffer lifelong physical and emotional problems. However, with prompt intervention and appropriate plans of care victims have a good chance of a productive and fulfilling life. Chapter 3 will discuss the conceptual and theoretical framework that was used to guide this project.

Chapter Three: Conceptual and Theoretical Framework

Human Caring Theory

Victims of human trafficking face a lifetime of debilitating, chronic mental and physical health issues. Threats of physical harm, gang rape, beatings, and emotional abuse are a constant reality for victims of human trafficking. Victims are left broken not only physically but also emotionally. They lack trust in anyone they perceive as being in authority and often feel let down by their family and others they feel should have protected them from the atrocities of human trafficking. Victims are often left with a loss of self as they have been treated as a commodity and not as a human being. Victims have a broken spirit and damaged soul. The complex issues that face the victims of human trafficking offer a unique and challenging plan of care for a DNP-FNP (Barrows & Finger, 2008). A DNP-FNP must use multiple ways of knowing to approach victims along with gaining trust. Ways of knowing include science, art, aesthetic, ethics, personal metis, cultural, and spiritual factors (Watson, 2005). For DNPs-FNPs to be a healing presence in a victim's journey to health, wellness, and wholeness, they must understand their own morals, beliefs, intentions as a healer, and have confidence in their abilities to use their personal Metis in the treatment and care of the victim. For example, a DNP-FNP who suffers from a lack of a moral compass will not be moved by the misery of others to care or act for the victim (Lachman, 2012). Moreover, to build a trusting and caring relationship with a victim, the DNP-FNP must be mindful of any prejudices or feelings that could inhibit a caring and trusting relationship (Lachman, 2012). It is essential that a strong emphasis be placed on the human-to-human caring relationship to produce positive outcomes for health and healing for the victim (Watson, 2012). The

use of Watson's Human Caring Theory will not only guide the DNP-FNP to a trusting and therapeutic relationship with the victim, it will also empower victims to gain self-confidence and the ability to love and cherish who they are.

Inherent in Watson's (2010) Human Caring Theory are the transpersonal caring relationship and the 10 Caritas Processes, which provide a fundamental and crucial framework that will guide a DNP-FNP when caring for victims of human trafficking. Victims of human trafficking lack the ability and spirit to believe that another person would care about their well-being, physical or emotional. Victims also lack the tools and awareness to engage in a true transpersonal caring relationship that can occur between them and the DNP-FNP (Watson, 2005). A DNP's-FNP's thorough understanding of Watson's theory will provide a clear path to health and wellness for the victim of human trafficking.

Transpersonal Caring Relationship

Watson (2008) characterized the transpersonal caring relationship as going beyond ego to cultivate a deep spiritual connection with the patient to promote health, healing, and comfort. In establishing a trusting and caring relationship, there are factors that can influence the effectiveness and success of doing so. Specifically, is a DNP's-FNP's moral commitment to protecting and enhancing human dignity as well as the deeper higher self of both the victim and DNP-FNP. Likewise, the DNP-FNP must incite a caring consciousness to preserve and honor the victim's spirit, therefore, not reducing the victim to an object (Sitzman & Watson, 2014). Victims of human trafficking are not treated as human beings with a spirit and soul; rather, they are treated in a brutal and inhumane manner. Therefore, a DNP-FNP must have a strong sense of self and a deep

commitment to the victim's health and well-being by protecting, enhancing, and preserving the victim's dignity, humanity, wholeness, and inner harmony (Watson, 2005).

The transpersonal relationship also illustrates how a DNP-FNP goes beyond an objective assessment, displaying interest and concerns toward the victim's personal story and the deeper meaning regarding the person's current situation. The DNP's-FNP's caring consciousness becomes crucial for a caring connection to occur. A caring consciousness is also vital in understanding the victim's perspective. A caring consciousness necessitates that DNPs-FNPs have a deep-seated connection to their own spirit to be able to connect with a victim's spirit (Lachman, 2012). By making the effort to connect with a victim's spirit and establishing a moral commitment to protect and enhance the dignity of the victim, a DNP-FNP will then be able to create a caring and trusting environment (Watson, 2008). This approach highlights not only the unique soul and spirit of victim but also of the DNP-FNP. It also brings to light the mutuality of both the DNP-FNP and victim, which is fundamental to the relationship (Watson, 2005). Hence, the DNP-FNP who is offering the care and the victim being cared for begin to connect in a mutual search for meaning, wholeness, and trust (Watson, 2001). Creating and establishing a trusting and safe environment for the victim of human trafficking is imperative for the victim to begin to heal. Thus, the nurse must put aside all prejudging and meet the patient where he or she is to begin the caring and therapeutic relationship (Lachman, 2012).

The 10 Caritas Processes as They Provide a Framework for Care of Victims of Human Trafficking

Using Watson's transpersonal caring relationship is crucial when first meeting and caring for a victim of human trafficking. Once trust is established and healing begins to take place, a DNP-FNP would then put in place Watson's 10 Caritas Processes. The 10 Caritas Processes, which can be used in any order, are a guide for putting love and heart-centered caring into practice (Watson, 2010). Watson (2010) stated, "Caring is inclusive, circular, and expansive" (p.22). Caring in the Caritas Processes provides guidelines to be used at a DNP's-FNP's discretion depending on where the victim is in his or her journey to health and wellness. The Caritas Processes relate to the care of the victim of human trafficking.

Caritas Process # 1: Embrace Altruistic Values and Practice Loving and Kindness with Self and Others

A DNP-FNP should always exhibit selfless kindness and concern for the victim of human trafficking. The victim has been treated in a brutal and inhumane way during his or her time in captivity. The victim's human dignity has been violated to the very core. By treating the victim with kindness and respect, a DNP-FNP is honoring the victim's spirit. A DNP-FNP should also validate the unique spirit of the victim, along with listening respectfully and having genuine concern for the victim's story. DNP-FNPs should model self-care and respect for themselves as this will teach victims that they deserve to be treated with kindness, love, and respect (Watson, 2010).

Caritas Process # 2: Instill Faith and Hope and Honor Others

One of the first things that a DNP-FNP can do when caring for a victim of human trafficking is ask the victim what he or she would like to be called. While the victim was in captivity, he or she was most likely called vile and humiliating names, never the victim's given name. Using the name victims prefer will enable them to begin to see that they have value as a human being. Calling victims by name also displays to them that they are not an object to be bought and sold (Chaffee & English, 2015). A DNP-FNP should also work with victims to believe and have confidence in themselves. DNP-FNPs can also encourage and assist victims to go on with their life. Because victims have been devalued, they feel that their life has no meaning (English, 2015). The DNP-FNP is there to instill hope and guide victims to connect with their inner self (Watson, 2010).

Caritas Process # 3: Be Sensitive to Self and Others by Nurturing Individual Beliefs and Practices

When caring for a victim of human trafficking, a DNP-FNP should always value the intrinsic goodness of one's self and the victim as human beings. DNP-FNPs must value their kindness and integrity in order to pass those qualities on to others. DNP-FNPs must be authentic in their actions and demonstrate genuine interest in the victim. If DNP-FNPs accept themselves and the victim on a spiritual level as unique and worthy, the victim will then believe he or she is worthy of kindness and happiness (Watson, 2010). Anger and guilt are two of the primary emotions that victims may exhibit (English, 2015). A DNP-FNP should be an example of forgiveness toward themselves and others. It is the hope that the victim will mimic this example and find peace and harmony (Watson, 2010).

Caritas Process # 4: Develop Helping-Trusting-Caring Relationships

This Caritas may be the most challenging for both DNPs-FNPs and victims.

Victims have been programmed to trust no one except their captor. Victims often feel let down by persons in authority who failed in protecting them from the trap of forced prostitution. Therefore, victims are angry and trust no one (Dovydaitis, 2010). One of the first steps a DNP-FNP can take is hold the victim with unconditional love and respect. A DNP-FNP must also come to the victim with an open mind, heart, and a non-judgmental attitude. When DNPs-FNPs are caring for victims, the DNPs-FNPs should always be authentically present by bringing their true self to the relationship and being open and honest. When interacting with victims, either verbal or non-verbal, the communication should be direct, constructive, and respectful (Watson, 2010).

Caritas Process # 5: Promote and Accept Positive and Negative Feelings as You Authentically Listen to Another's Story

Everyone has a unique story of self to share. However, for victims of human trafficking, this may not be the case. Their story of self is filled with pain, grief, and shame. They may be reluctant to share what has gone on in their life while being part of forced prostitution (Dovydaitis, 2010). However, if a DNP-FNP allows the victim's story to emerge, change, and grow, the victim may be able and willing to share his or her story. A DNP-FNP should actively listen, allowing the victim to reflect on experiences and feelings (Watson, 2012). The therapeutic relationship DNPs-FNPs establish with victims will allow DNPs-FNPs the opportunity to help victims deal with their negative feelings and experiences (Watson, 2010).

Caritas Process# 6: Use Creative Scientific Problem-Solving Methods for Caring Decision Making

While interacting, and caring for victims of human trafficking, a DNP-FNP should integrate aesthetics, ethical, empirical, personal metis, and ways of knowing with creative, imaginative, and critical thinking. This integration will allow for full expression of the art of caring and nursing science. The medical and physical problems facing the victim of human trafficking are unique, copious, and complicated (Chaffee & English, 2015). Every avenue should be explored to insure a victim is receiving the appropriate treatment. A victim should be offered an environment that is peaceful and relaxing. Healing modalities such as artistic expression, journaling, music, and meditation may be beneficial for the victim (Watson, 2010).

Caritas Process # 7: Share Teaching and Learning That Addresses the Individual Needs and Comprehension Styles

While working with victims, the DNPs-FNPs should actively listen with their whole being as victims tell their story. While speaking to victims, DNPs-FNPs should attempt to speak calmly, quietly, and respectfully, while giving victims their full attention. DNPs-FNPs could talk to victims about how they view their situation regarding mental and physical health. DNPs-FNPs can assist victims in formulating questions and concerns about their current state of mental and physical health, which gives voice to the victims and allows them to be an active part of their care. DNPs-FNPs not only need to assess victims' readiness to learn but need to be able to accept victims as they are in regard to their understanding and knowledge of their current health situation (Watson, 2010).

Caritas Process # 8: Create a Healing Environment for the Physical and Spiritual Self Which Represents Human Dignity

A DNP-FNP can promote a healing and trusting relationship by providing a space in which the victim will feel safe and secure. In most cases, the victim will be extremely fearful and anxious when an exam needs to be performed; therefore, an environment that is calm and non-threatening would be most beneficial (Chaffee & English, 2015). Such an environment can be created in many ways, such as providing soothing music, complete privacy, comfort measures, and aromatherapy. After the DNP-FNP has worked with the victim, he or she should be able to anticipate the victim's needs. When a true caring/trusting, relationship is established, both the DNP-FNP and the victim should be in tune with each other's routines and rituals (Watson, 2010).

Caritas Process # 9: Assist with basic physical, emotional, and Spiritual Human needs

It is imperative that a DNP-FNP view the victim as an integral whole. Victims should not be identified by their illness or life circumstances. Rather, they should be viewed as the spiritual, unique individuals that they are. Each victim will present with unique individual needs. Hence, a DNP-FNP will need to identify what the victim perceives as his or her most pressing problem and respect the victim's wish to work on that. Whenever possible, the DNP-FNP should try and involve family and close friends in the care of the victim. However, this should only be done with the victim's permission and blessing (Watson, 2010).

Caritas Process # 10: Open to Mystery and Allow Miracles to Enter

For a DNP-FNP to gain trust from the victim, the victim needs to feel unrushed and important. The DNP-FNP should engage the victim in conversation about how he or she would like to be supported both physically and mentally. This is one of many ways the DNP-FNP can show respect for issues that have meaning and are important to the victim. Victims should never be blamed for what happened to them. DNPs-FNPs can work with victims to help them accept that there are events that happen in life that are inexplicable. Once trust is established with a victim, the DNP-FNP can help him or her surrender his or her pain and guilt so the victim can start to believe in miracles and allow the unknown to unfold in his or her life. The DNP-FNP has the ability to nurture and support the victim's hope and dreams (Watson, 2010).

Care and treatment of the victims of human trafficking are extremely complex and at times difficult for both the victim and DNP-FNP. The victim comes to the DNP-FNP broken in mind, body, and spirit. Victims often feel they are worthless and lack the life skills to deal with their pain and suffering. Watson, through her Theory of Human Caring, offers many different approaches and techniques, which can assist a DNP-FNP when caring for a victim of human trafficking.

It is clear that Dr. Jean Watson's Human Caring Theory will provide a guide for the DNP-FNP when caring for a victim of human trafficking. By using one's Metis and authentic self the DNP-FNP has the opportunity to provide comprehensive and patient center care with positive outcomes for the victim. Chapter 4 will review the methodology and evaluation used to construct and present this project.

Chapter Four: Methodology and Evaluation

Human trafficking is a form of modern day slavery and a global atrocity (English, 2015). Men and women who care more about money than the basic human rights of others exploit and abuse women and children for profit. Traffickers do this by preying on the vulnerabilities and fears of their victims. Human trafficking is not only wrong on both a moral and ethical level, it is also a global health threat (Coppola & Cantwell, 2016). English (2015) estimated that 75% of victims of human trafficking will be seen by a DNP-FNP, medical doctor (MD), or other medical professionals. This global health threat is the reason why this scholarly project is vital to the field of health care. The following section will explain and describe the methodology and evaluation used to construct and execute this scholarly project.

Due to the likelihood that victims of human trafficking will require medical attention, the subjects of this scholarly project are primary care, urgent care, and emergency medical professionals. The project participants would include, but are not limited to, family, internal and emergency medicine physicians, and DNPs-FNPs, along with ancillary staff working in these areas of health care. However, as the project evolved, it was noted that the general public would also benefit from education regarding human trafficking. Therefore, the project now includes the medical personnel of all areas of medicine along with community members who have an interest in learning how to recognize the signs of human trafficking.

Preparing this project as an educational tool to present in not only a clinical setting but also a community setting included an extensive, comprehensive literature review; attending seminars and classes about human trafficking; speaking with local law

enforcement; and interviewing three victims of human trafficking. Time was spent volunteering with a non-government organization (NGO) working with victims of human trafficking. This NGO also offered basic education about the prevalence of human trafficking at different community events. Time was spent evaluating and analyzing the information, looking for common themes in addition to gaps in the literature.

Taking the information compiled from all the different modalities, a teaching PowerPoint presentation was then constructed. Two separate presentations were designed to meet the needs of two distinct populations. The first presentation was tailored toward the medical community, and the second presentation was customized to meet the needs of the public. Both presentations contained crucial information that would enable the medical professional and the community member to identify victims of human trafficking. The presentations also included several resources in both the community and the United States for the medical professional or community member to contact if human trafficking is suspected.

The project has been presented in two different settings. The first setting was at a primary care clinic setting in an urban, marginalized neighborhood. The presentation was during an all-staff meeting and was allotted 20minutes. The approximately thirty to forty staff members present included physicians, nurses, medical assistants, social work, reception desk personnel, and lab employees. Due to staff time constraints, there was limited feedback given to the presenter. The feedback provided was positive for the most part. Many of the participants agreed that human trafficking is a problem unique to health care providers, and it will be beneficial to have this knowledge if human trafficking is suspected. Others commented that the presentation seemed rushed, and it was possible

that critical points were missed due to time constraints. A suggestion was that this kind of information should be reviewed on a yearly basis if not more often. The presenter suggested that a staff member be appointed to review this material with the staff on a yearly or bi-yearly basis. The presenter could help facilitate this by sharing the information and the presentation with this person.

The project was then presented in two small rural clinics. The audiences in both clinics were much smaller, with 10 people in one clinic and five individuals in the other. The staff in both clinics included nurse practitioners, nurses, medical assistants, and reception staff. The presenter was given the entire hour for the presentation. During the presentation, staff appeared engaged, interested, and asked several questions during and after. The feedback included several of the staff mentioning their lack of knowledge and awareness in regard to the issue of human trafficking. One participant stated she felt empowered by acquiring this new information and felt moved to assist with education for other staff and community members. The presenter offered assistance in regard to credible literature and websites, in addition to helping the individual construct a teaching tool relevant to her patient and community population.

The final two venues the project was presented in were two large in-services at a well-known medical facility. Each in-service had approximately 500-1000 people. The audience included health care providers who worked in operating rooms and procedure rooms and radiology staff. The participants were physicians (mostly surgeons and radiologists), nurse practitioners, certified surgical technicians, radiographers, and lab technicians. The presentation was remodeled and reformatted for these two divisions, concentrating heavily on what to look for and observe in the community, as opposed to

what to watch for in the clinical setting. However, the presenter did review the most common medical and physical symptoms victims present within the clinical setting.

Feedback from both of these presentations was limited because the evaluation form had not been posted yet due to a computer malfunction. However, feedback via e-mail and in person was positive. Several of the participants were shocked to learn what a problem human trafficking was in the Rochester, Minnesota, community. Others were concerned about the other crime that accompanies human trafficking. Several members of the audience asked how they could help victims of human trafficking in the community. Some of the negative comments were in regard to the language that was used to describe the traffickers and the men who purchased the young women's services. They did not care for the terms "pimps" and "Johns." They felt the terms were too derogatory for the setting of medical professionals.

Presenting the program in two different settings confirmed that the information was applicable and beneficial for all the participants. However, several small changes need to be made to the information in the presentation. For example, as human trafficking is being brought more into the limelight, information and statistics are changing on a regular basis. The information in the presentation should frequently be checked for updates. Also, verbiage and other words and phrases will be modified or eliminated so as not to offend anyone in the audience. However, it should be noted that the "street" language in the program is needed to educate the audience about the key terms that may be used by those involved with human trafficking. A section will also be added to include the differences between human trafficking and prostitution. Several members of the audience did not seem to understand or know that there was a difference.

Although this scholarly project is a work in progress, it is work with great potential. With each presentation and evaluation, the project can be refashioned and adjusted to meet the needs of the audience. With the proper information and education, health care providers and members of the community can be advocates and help to champion for the rights of victims of human trafficking. With everyone working together, it is possible to recognize and assist victims of human trafficking.

It is evident by the feedback and responses the presentation elicited from the participants that there was a gap in knowledge in regard to human trafficking. The gap was not only found in primary care, but also in the community. However, the audience was receptive to the information being provided and appeared to be motivated to become aware and knowledgeable about human trafficking. Chapter 5 will discuss the significance and implications this project has on the DNP-FNP, patients, and how interprofessional collaboration is essential when caring for a victim of human trafficking.

Chapter Five: Significance and Implications

Background of Human Trafficking

Human trafficking is a global and human rights healthcare concern. Estimated to be a 150 billion dollar a year industry, it is the fastest growing criminal enterprise in the world. In fact, the Department of Homeland Security (2015x) reported that the crime of human trafficking is the second largest criminal activity behind only the distribution of illegal drugs. One victim can earn a trafficker over \$30,000 a year. It is also important to note that there are twice as many people enslaved today than during the African slave trade (Department of Homeland Security, 2015x). The United States is the largest consumer of human trafficking in the world with Germany second (Federal Bureau of Investigation, 2015). Due to the high demand in the United States, the reported cases in the years 2007-2014 increased from 1000 cases per year to well over 5000 cases per year (International Labour Office, 2015). It is estimated, in the United States, that approximately 500,000-800,000 domestic minors are recruited into human trafficking. Of those, 50-80 % are minor females. Victims of human trafficking can be found in cities, suburbs, and rural areas. Human trafficking is documented in all 50 states and Washington DC (Federal Bureau of Investigation, 2015). Victims of human trafficking are of all races, age, gender, and socio-economic background (Coppola & Cantwell, 2016).

Significance/Implications for the DNP-FNP

Green (2016) estimated that roughly 75% of victims of human trafficking received health care while still in captivity. This fact puts the doctor of nursing practice/family nurse practitioner (DNP-FNP) in a unique and prime position to acquire

the skill set to identify the signs and symptoms of human trafficking. Moreover, a DNP-FNP, with an extensive nursing background, will provide sensitive, holistic, and age appropriate care. Furthermore, a DNP-FNP is in a position to educate other health care providers about how a victim of human trafficking may present in the health care setting. Victims may not only present in primary care clinics but also may be identified in a school setting, acute care, dental offices, juvenile detention, and jails (Coppola & Cantwell, 2016). DNP-FNPs also have a deep commitment to interprofessional collaboration. They have cultivated strong relationships with other members of the health care team such as social services, psychiatry, and other community services, who will be able to assist with caring for the victim. If DNP-FNPs had the appropriate education and training, they would have a holistic understanding of human trafficking, which in turn would support their collaborative work with social services and other community-based resources. Furthermore, there are currently no evidence-based protocols to guide a DNP-FNP when trafficking is suspected (Chaffee & English, 2015). This gap in care makes it a challenge for a DNP-FNP to question a patient without causing suspicion on the part of either the victim or the trafficker. The time spent with a DNP-FNP may be one of the few times the victim is allowed to go out into the public. If the signs of human trafficking are missed, this is a lost opportunity as traffickers rarely bring the victims to receive health care unless their illness is preventing them from working (Ernewein & Nieves, 2015). Also, if the DNP-FNP does not identify the patient as a victim of human trafficking, this can lead to tragic circumstances or even death for the victim. A DNP-FNP not only has to recognize the signs of human trafficking, but also has just a slight window to gain the victim's trust if trafficking is suspected. This is

why having institutional practice guidelines when human trafficking is suspected is imperative as it will direct the DNP-FNP in the right direction. Establishing trust is challenging due to the abuse the victim has experienced, but crucial as it will enable the DNP-FNP to provide appropriate treatment and referral (Green, 2016).

With the knowledge that DNP-FNPs have regarding the signs and symptoms of human trafficking, they have the opportunity to become “citizen nurses” for their community. DNP-FNPs are often held in high regard in their communities. This offers them the chance to educate not only their colleagues, but also members of the community, including hotel and restaurant workers, cab drivers, teachers, law enforcement, neighborhood watch groups, and middle/high school students. Educating the public will not only put the issue of human trafficking in the forefront, it also has the potential to save a victim’s life. Furthermore, human trafficking almost always involves other crimes such as drug and arms trafficking. Despite increasing efforts to educate the public about the danger of human trafficking, many fail to realize it is a problem everywhere. Having the community educated and engaged about the crime of human trafficking will not only save lives, it will provide a safer environment for neighborhoods and cities. Awareness and engagement are essential in recognizing and eliminating human trafficking (Ernewein & Nieves, 2015).

Significance/Implications for Patient Care

When a victim is brought in for care, the signs of human trafficking are often missed altogether or mistaken for drug addicts, domestic violence victims, prostitutes, or runaways (Chaffee & English, 2015). However, even if a DNP-FNP suspects the patient is a victim of human trafficking, the patient has been taught to distrust anyone in

authority. Human trafficking victims have also been threatened if they do share what is happening to them, they will be severely punished or even killed. Victims may also have feelings of extreme shame, fear, and guilt for what they have been made to do. Therefore, it is essential for a DNP-FNP to be able to identify victims and remove them from danger and further abuse.

Victims of human trafficking, in most cases, will suffer lifelong physical and psychological complications. Examples of these include post-traumatic stress disorder (PTSD), HIV/AIDS, depression, bipolar disorder, multiple suicide attempts, tuberculosis, chronic pain from prolonged physical abuse, rectal trauma, urinary difficulties, and alcohol and drug abuse (de Chesnay, 2015). Chronic illness such as poor dentition leading to chronic infection, hypertension, diabetes, infertility due to pelvic inflammatory disease or improperly performed abortions, anal/vaginal fistulas, or overall poor health, will more than likely plague victims for the rest of their lives. With proper identification, intervention, and referral, the victim may have a chance at a normal and fulfilling life. However, when the physical and psychological complications are misdiagnosed, undertreated, or not treated, victims will most certainly suffer poor health of the mind, body, and spirit (Coppola & Cantwell, 2016).

Significance/Implications for Clinical Education

Early detection of at-risk persons and individuals who are victims of human trafficking is essential for positive patient outcomes. The U.S. Department of Health and Human Services (2016) made several recommendations for educating and training DNP-FNPs to recognize a victim of human trafficking. Development and circulation of high-quality, evidence-based protocols are crucial to identifying victims (U.S. Department of

Human Services, 2016). DNP-FNPs, with their advanced practice degree and their metis, have the opportunity to be involved in groundbreaking research and implementation of a set of protocols that have the potential to save thousands of lives. The Institute of Medicine (2013) set forth an initiative that DNP-FNPs must complete annual training that will assist in the identification, treatment, and placement of victims. Dedication of resources to training DNP-FNPs about human trafficking will enable them to advocate for this voiceless population.

The Project

It is well documented that acknowledgment and awareness of human trafficking, early identification of persons at risk of being trafficked, and victims being trafficked will lead to improved health and psychological outcomes for the victims (de Chesnay, 2015). With two audiences in mind, this project was developed to accomplish this knowledge and awareness not only in a clinical setting but also in the community. First, the project was designed to educate and inform DNP-FNPs in acute and primary care settings because as Green (2016) reported, an estimated 75% of victims are seen in either one of these settings. With this finding, it is essential that DNP-FNPs be aware of the signs of human trafficking, understand the victims' vulnerabilities, their immediate health care needs, and connect victims with the appropriate resources so they may begin their recovery (Ernewein & Nieves, 2015).

In a teaching PowerPoint, this project was presented to several acute and primary care clinics throughout the state of Minnesota. The PowerPoint included the definition of human trafficking, statistics of human trafficking in the United States and the audience's community, who may be at risk of being trafficked, the physical and emotional signs

unique to victims of trafficking, and the appropriate resources and phone numbers the provider can utilize if trafficking is suspected. Great detail was also placed on increasing knowledge about those who may be at risk of being tricked or forced into human trafficking. Persons who have been sexually or physically abused; those who are homeless; or members of the lesbian, gay, bisexual, transgender, queer (LGBTQ) community are at an increased risk of being trafficked (Chaffee & English, 2015). Also, included in the presentation was how to care for a victim in recovery. The audience included physicians, nurse practitioners, and other ancillary staff. Initially, the presentation was met with a sense of disbelief and denial that this was happening in a community. However, during the post discussion portion of the presentation, many providers recognized either having misdiagnosed a victim or missed the signs altogether. In fact, many of the providers present had no idea that human trafficking was a problem in their community, let alone the unique presentation of the victim, which confirmed that awareness, engagement, and education are crucial in identifying victims.

The second part of the project was aimed at educating a community about the crime of human trafficking and the adverse effects that not only the victim experiences but also the adverse effect on the community. Again, in a PowerPoint, participants were educated about the signs of human trafficking, such as suspicious activity like increased activity at night, different people coming and going from a home or business, or anything that does not look or feel right. Participants were also made aware that human trafficking is also coupled with the arms and drug trade. Consequently, human trafficking brings violent crime and increased danger into a community. In fact, victims of human

trafficking are often kept in neighborhoods along with the drugs and weapons being sold (Federal Bureau of Investigation, 2015).

With many parents, grandparents, teachers, and health care workers in the audience, special emphasis was placed on the warning signs that an individual is being trafficked. Often, the signs are subtle or seen as part of being a teenager. For example, a teenager who begins to skip class or is distracted or depressed can be seen as normal teenager behavior. However, in reality, the teenager may be being made to things he or she does not feel comfortable with. However subtle the signs, people should trust their feelings if they feel something is not right with an individual. Just as DNP-FNP uses their metis, so should parents and anyone else who works with children or teenagers. More overt signs a teenager is a victim of human trafficking are cigarette burns, an older boyfriend or new friends with a different lifestyle, or sexualized behavior that is new (Chaffee & English, 2015). Community awareness along with knowledge and vigilance is key to identifying human trafficking. Victims of human trafficking are often hidden in plain sight scared, beaten down, and voiceless (U.S. Immigration and Customs Enforcement, 2016).

Lastly, the DNP-FNP project was integrated into the first-year DNP-FNPs' students' assessment class. The students were receptive to the information and were surprised that human trafficking was such a criminal enterprise in southeastern Minnesota. The students agreed that the information and education they received was vital to recognizing the signs of human trafficking. Incorporating a DNP-FNP scholarly project into the assessment curriculum was a first for the program.

Essentials of Doctoral Education for Advanced Nursing Practice

The Essentials of Doctoral Education for Advanced Nursing Practice formulate and comprise the standards and foundation of the doctoral scholarly project. The essentials assist and direct the DNP-FNP candidate to enhance the practice of nursing through science, research, and engagement to meet the changing needs of the profession of nursing, and more importantly, to meet the changing needs of the patient population. All eight of the essentials were addressed in this scholarly project. However, of the essentials of doctoral education for advanced nursing practice, two of the eight essentials have strong themes embedded in this scholarly project: Essential V: Health Care Policy for Advocacy in Health Care and Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes (American Association of Colleges of Nurses, 2006).

Essential V

Essential V focuses on advocacy and policy in health care. The role of the DNP-FNP is to advocate health care policy changes in any level of health care. This essential also addresses social justice and equity that is either present or lacking in healthcare. For these reasons, this essential is applicable to this scholarly project as it emphasizes advocacy for the underserved and social justice for the victims of human trafficking (American Association of Colleges of Nurses, 2006).

This scholarly project places emphasis on educating health care professionals on the signs and symptoms of human trafficking. Human trafficking is a social justice concern. Advocating for mandatory yearly education for the medical professionals will improve the identification of victims of human trafficking. Early detection will improve

a victim's health outcomes. Conversely, with the many chronic physical and chronic psychological conditions, the human trafficking victim is likely to suffer, equity in health care is vital. Equity of care enlists the DNP-FNP to treat the victim's immediate health care needs and ensure the person's safety. To ensure the victim's safety, it is crucial that the DNP-FNP has access to the appropriate resources such as contact information for social services and the National Human Trafficking Resource Center. Advocacy for victims is not only about detection, it is also vital that the DNP-FNP document objective and subjective data in a detailed and accurate manner. This information may be presented during legal proceedings.

This project highlights the need for DNP-FNPs to have increased awareness and education to recognize the signs of human trafficking. One way of achieving this goal is to mandate yearly education for the DNP-FNP. Furthermore, legislation needs to be established to assist with a victim's initial health care needs and with the ongoing health/psychological care the victim is going to require. Currently, very little funding and resources are available to assist a victim. The author of this project now has the first-hand knowledge and drive to lobby the state legislature for dedicated funding and resources for victims' care. However, the additional funding could also include education for health care workers, teachers, community members, and anyone who has an interest in identifying victims of human trafficking.

Essential VI

Essential VI focus is on the collaboration of the healthcare team to improve patient and community health outcomes. The role of a DNP-FNP is extensive. The role of DNP-FNPs requires them to be part of a high functioning health care team that can

meet the needs of an ever-changing population. The health care needs of today's society are complex and numerous. Hence, DNP-FNPs should be prepared and willing to be part of an interprofessional team. Furthermore, a DNP-FNP should feel confident establishing and leading the team when it is applicable (American Association of Colleges of Nurses, 2006).

Awareness, education, and care of the victim of human trafficking require dedication and commitment between a DNP-FNP, local law enforcement, community members, and agencies to work as a collaborative team. The team must focus on the formation and implementation for identification of victims of human trafficking. Emphasis should be placed on establishing protocols for treatment and referral to the appropriate agencies. Moreover, with systematic and cohesive training, a multidisciplinary approach will benefit victims as they struggle with the many physical and emotional scars they have (Ernewein & Nieves, 2015).

Identification of a victim and ensuring the person's safety is just the beginning when caring for a victim of human trafficking. A DNP-FNP is crucial in connecting victims of human trafficking with essential resources and services for a victim to begin the journey to health and wellness. Due to the many physical and chronic psychological issues a victim may suffer from, interprofessional collaboration is a critical component to care. A DNP-FNP is in a prime position to provide key leadership when working within an interprofessional team. Furthermore, a DNP-FNP is uniquely qualified to assemble the multidisciplinary team that will care for the victim. The team must meet a victim's immediate needs such as housing, acute medical care, and protection from the trafficker before long-term healing can take place.

As an advocate for the victim, a DNP-FNP is also committed to assisting the victim with aftercare. Victims are faced navigating a world that is new and frightening. They face several determinates to health such as limited access to care, limited resources, and limited understanding of their chronic health issues as it pertains to human trafficking. In addition, depending on the age of when they were forced into human trafficking, they may have very few, if any, life skills. For example, they may have to be taught how to cook a simple meal, clean, budget money, or write a check. Along with the physical and psychological medical issues victims must deal with, they also will require a support system that will assist them through everyday activities of daily living. Caring for victims of human trafficking, with their complex health care needs, will require the work of a highly functioning, collaborative team that will follow the victim for many months or years as needed. With the leadership of a DNP-FNP, victims will receive high quality, efficient, safe, and equitable care (American Association of Colleges of Nurses, 2006). With the health care team's high quality care under the support and leadership of a DNP-FNP, a victim has a chance at a new beginning. Under the guidance of the health care team, in particular the DNP-FNP, a victim will soon graduate from victim status to being an empowered survivor.

The work I have done of this scholarly has forever changed who I am not only as a nurse but also as a person. It is evident through the research that has been done for this project that human trafficking is the problem that no one wants to talk about. The reasons for this may be several. For instance, city and state leaders may not want to believe that a crime such as human trafficking could happen in their state or city. It may be the lack of understanding, or awareness of human trafficking, that prevents either a

health care provider or a member of the community to speak up if they suspect something isn't right. It is my hope that with education of both health care providers and the community, lives will be saved and boys and girls will be set free from oppression and abuse. It is my duty not only as a health care provider, but also as a community member, to speak for those who cannot speak for themselves.

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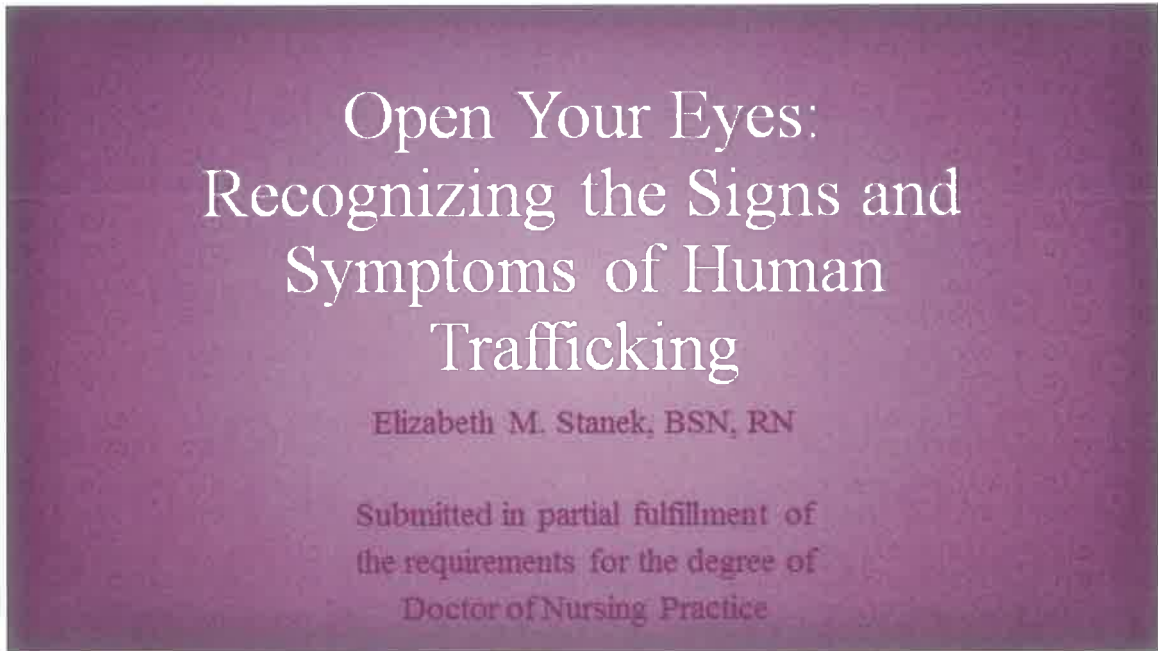
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Appendix

PowerPoint presented on April 12, 2017 in partial fulfillment of the requirement for the degree of Doctor of Nursing Practice.



Transformational Journey

- **Began as a young adult...**
- **What could have happened to me if I did not have strong supportive women in my life?**
- **I too could have been a statistic**



Fast Forward 2013

- Hike up Harney Peak..
- Thought I had it all figured out!
- Little did I know.. The universe had other plans for me!



How It All Began

- I wanted to work with the homeless of Rochester
- Per Dr. Ruth Evestvedt “Professional Hanging Out”
- Met John a homeless man. He became my cultural guide
- John introduced me to two young girls
- John’s Metis told him something was very wrong with the girls
- This is where my journey began
- Expect the unexpected!



What Is Human Trafficking

- The United Nations (2014), defines human trafficking as the “recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper and illegal purpose including forced labor or sexual exploitation” (nd).



UN protocol to prevent, suppress, and punish trafficking persons, especially women, and children. (2014). Retrieved from www.unodc.org

Purpose Of The Scholarly Project

- The purpose of the scholarly project is to educate the Doctor of Nursing Practice/Family Nurse Practitioner (DNP-FNP) about the crime of human trafficking and the prevalence in the community
- Educate the DNP-FNP about the signs and symptoms of human trafficking
- Educate the DNP-FNP about the resources and tools available when human trafficking is suspected or discovered
- Increase awareness in the community about the prevalence of human trafficking by being the “citizen nurse”

English, A. (2015). Human trafficking of children and adolescents: A global phenomenon. *J. 9(7)*, 202-205.



Who Is At Risk?

- Young people who have been physically or sexually abused
- Poverty
- Substance abuse
- Sexual identity issues
- Runaway/Homeless
- Lack of father figure/role model
- Family involved in prostitution



Dovydaitis T (2010). Human Trafficking: The role of the health care provider. *Journal of Multicultural & Transcultural Health*, 5(5), 45-46

Statistics

- Estimated 100,000-300,000 American minors are exploited into the sex industry
- Of these 80% are women or girls; 50% of these girls are minors
- Average age is between 11-16 years of age
- In the state of Minnesota it is estimated 8000-12,000 underage persons are involved in forced prostitution
- Estimated 75% of victims required some sort of medical care while in captivity

Human Trafficking: A National Health Care Issue



Statistics

- Estimated to be a 150 billion dollar a year industry
- Fastest growing criminal enterprise in the world
- Second largest criminal activity behind only the distribution of illegal drugs
- One victim can earn the trafficker up to \$30,000 dollars a year
- More people enslaved today than during the African slave trade



- Department of Homeland Security. (2015b) *Human trafficking statistics*. Retrieved from www.dhs.gov
- Federal Bureau of Investigation. (2015). *Human trafficking statistics*. Retrieved from www.fbi.gov

Statistics

- The United States (US) has the highest demand for human trafficking.
- Due to increasing demand in the US, the reported cases in the years 2007-2014 increased from 1000 cases a year to over 5000 a year
- Human trafficking is found in cities, suburbs, and rural areas
- Victims of human trafficking are of all races, age, gender, and socio-economic backgrounds



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Global health risks

- High risk behaviors that lead to sexually transmitted diseases alcohol, drug abuse
- Post Traumatic Stress Disorder
- Other debilitating mental health issues (bipolar disorder, severe depression, ect)
- Other chronic health issues due to trafficking (poor dentation, untreated diabetes, hypertension, TB, muscle skeletal issues)
- These are all public health issues that effect all of us



Green, C. (2016). Human trafficking: Preparing for a unique patient population. *American Nurse Today*, 11(1), 9-12.

Significance For DNP-FNP

- Estimated 75% of victims will be seen in a health care setting
- Includes acute care, primary care, emergency room, juvenile detention, and jails
- The DNP-FNP is in a unique and prime position to identify victims of human trafficking
- DNP-FNP, with their extensive nursing background and Metis, will provide sensitive, holistic, and age-culture appropriate care



Coppola, J. S., & Cartwell, B. (2016). Health professional role in identifying and assessing victims of human trafficking. *The Journal of the Nurse Practitioner*, 12(3), e199-209.

Signs Of Human Trafficking-Physical

- Untreated fractures
- Contusions/bruises
- Headaches
- Gastrointestinal problems
- Malnourishment or generally poor health



Greenbaum, J., & Crawford-Jakubiec, J. E. (2015). Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics*, 135(3), 566-574.

Signs Of Human Trafficking-Physical

- Discrepancies in behavior and reported age
- Evidence of multiple sexually transmitted infections/disease
- Evidence of repeated sexual trauma
- Excessively large numbers of pregnancies and unsafe abortions
- Tattoos or other types of branding
- Cigarette burns



Greenbaum, J., & Crawford-Jakubiec, J. E. (2015). Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics*, 135(3), 566-574.

Psychological Signs

- Emotional exhaustion
- Depersonalization
- Extreme Nervousness
- Self mutilation
- Aggression towards health care provider or anyone in authority



Ernewein, C., & Nieves, R. (2015). Human sex trafficking: Recognition, treatment, and referral of pediatric victims. *The Journal for Nurse Practitioners, 11*(8), 797-803.

Psychological Signs

- Demeanor is fearful, anxious, submissive, flat affect
- Multiple suicide attempts
- Depression
- Drug/Alcohol abuse
- Anxiety
- Impaired judgment



Ernewein, C., & Nieves, R. (2015). Human sex trafficking: Recognition, treatment, and referral of pediatric victims. *The Journal for Nurse Practitioners, 11*(8), 797-803.

Difficulty In Identifying Victims

- Distrust of anyone in authority -health care providers, law enforcement, social services, anyone they perceive as a threat
- Expert at telling lies and false stories
- Signs are mistaken for drug addicts, domestic violence, prostitutes, or runaways
- “One shot” with victim to gain trust
- Social determinates of health



Dovydaitis, T. (2010). Human Trafficking: The role of the health care provider. *Journal of Midwifery & Women's Health*, 55(5), 462-467.

Dr. Jean Watson

- **Transpersonal Caring Relationship**

Going beyond ego to cultivate a deep spiritual connection with the patient to promote health, healing and comfort.

This is exactly what the victim of human trafficking requires in order to heal the mind body and spirit.



Watson, J. (2005). *Caring science as sacred science* (1st ed.). Philadelphia, PA: FA Davis Company.

What Does All This Mean

- Greater awareness of human trafficking in the community leads to improved victim identification and decreased negative outcomes for the victim
- Victim identification by community members in addition to health care providers is critical in the provision of victim assistance, education, and advocacy
- Identification and safety of the victim is only the beginning
- Aftercare



Emerson, C. & Nava, R. (2013). Human sex trafficking: Recognition, treatment, and referral of pediatric victims. *The Journal for Nurse Practitioners*, 11(6), 707-603

Presentations

- Surgical Services at St. Mary's and Methodist Hospitals-Mayo Clinic
- Department of Radiology- Mayo Clinic
- Interventional Radiology-Mayo Clinic
- Essentia Health Saint Joseph-Crosslake Minnesota
- Essentia Health Saint Joseph-Emily Minnesota
- People's Center Health Services-Minneapolis Minnesota
- Olmsted Medical Center-Spring Valley Minnesota
- Golf view Estates Neighborhood Association



What's Next?

- In talks with the Minnesota Vikings about education
- In talks with Rochester Public Schools about education
- College of Saint Scholastica has invited me to speak to 1st and 2nd year nursing students



Acknowledgements

The amazing factuality for the their dedication, support, and love they have shown us over the past 4 years.

My fellow classmates who have shown me the true meaning of friendship, loyalty, and compassion.

My family for their support and love over the past 4 years. Without you I would not be standing here today.

I dedicate this project to everyone who has been involved or touched by human trafficking.



Questions



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